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Application Number	09/665,594
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First Named Inventor	William R. Bullman
Art Unit	2611
Examiner Name	Jason M. Perilla
Attorney Docket Number	Bullman 7-26-6

I hereby revoke all previous powers of attorney given in the above-identified application: A Power of Attorney is submitted herewith. OR 46900 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with 46900 Customer Number: OR Firm or Individual Name Address City State ZIP Country Email Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATUBE of Applicant or Assignee of Record Signature Name David L. Smith Date 610-712-3784 Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. *Total of forms are submitted.

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